

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Marketing Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address		City	State	Zip
E-mail Address		Work Phone ()		Home Phone ()
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career & Technical <input type="checkbox"/> CTE/APP <input type="checkbox"/> No License Area				

Marketing Endorsement(s) For Which You Are Applying:

<input type="checkbox"/> Marketing (Career and Technical)	<input type="checkbox"/> Entrepreneurship (Career and Technical – Marketing)
<input type="checkbox"/> Economics (Career and Technical – Marketing)	<input type="checkbox"/> Other _____

Employment Record (Related to the endorsement area(s) for which you are applying – (***Exclude teaching experience***)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Number of years experience in Marketing related occupations		Employer evidence letters verifying your work expertise and experience <u>must</u> be submitted with this application.
---	--	---

Education	If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement coursework.
------------------	---

Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	M	Yr	M	Yr			

Teaching Experience	If additional space is required, please attach a separate sheet of paper.
----------------------------	---

Name of School	Address	From		To		Subjects	Principal/Director
		Mo	Yr	Mo	Yr		

Current Endorsements

References (Teaching and/or Employment)
--

Name	Address	Position	Phone

Applicant Signature	X	Date	
----------------------------	---	-------------	--

----- Information below to be completed by USOE personnel -----

License Recommended:	<input type="checkbox"/> Level 1 CTE/APP	<input type="checkbox"/> Level 1 CTE	<input type="checkbox"/> Level 2 CTE
Approved Endorsement:			
Approved Endorsement:			

Signature of State Marketing Education Specialist
--

Signature	Date
Submit completed application, official transcripts, and/or other documentation to: Stephanie Ferris , USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752	Licensure Clearance